Filing at a Glance

Company: National American Insurance Company

Product Name: Commercial Automobile SERFF Tr Num: NTAC-125236189 State: Arkansas

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-025611

Sub-TOI: 20.0001 Business Auto Co Tr Num: NAIC-CA-AR-2007-01- State Status:

F

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Jennifer Carr Disposition Date: 08-01-2007

Date Submitted: 07-27-2007 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 08-01-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 08-01-

2007

General Information

Project Name: Auto Forms Status of Filing in Domicile: Pending

Project Number: NAIC-CA-AR-2007-01-F

Reference Organization: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 08-01-2007

State Status Changed: 07-27-2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Company is submitting this filing to add new and revised endorsements applicable to commercial automobile policies. Please see the memorandum for additional details.

Company and Contact

Filing Contact Information

Jennifer Carr, Rate and Form Analyst jcarr@naico.com

1010 Manvel Avenue (800) 822-7802 [Phone] Chandler, OK 74834 (405) 258-4520[FAX]

Filing Company Information

National American Insurance Company CoCode: 23663 State of Domicile: Oklahoma

1010 Manvel Avenue Group Code: Company Type: Property &

Casualty

Chandler, OK 74834 Group Name: None State ID Number:

(800) 822-7802 ext. 4486[Phone] FEIN Number: 47-0247300

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER CHECK AMOUNT CHECK DATE 00183615 \$50.00 07-27-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-01-2007	08-01-2007

Disposition

Disposition Date: 08-01-2007 Effective Date (New): 08-01-2007 Effective Date (Renewal): 08-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	&Approved	Yes
Supporting Document	Filing Memorandum & Forms List	Approved	Yes
Supporting Document	Highlighted Forms	Approved	Yes
Form	Policy Changes - Physical Damage Deductible	Approved	Yes
Form	Additional Insured Endorsement	Approved	Yes
Form	Loss Payee	Approved	Yes
Form	Physical Damage Premium To Value Endorsement	Approved	Yes
Form	Truckers Declarations	Approved	Yes
Form	Motor Carrier Declarations	Approved	Yes

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Policy Changes - Physical Damage Deductible		4 5/2007	Endorseme New nt/Amendm ent/Conditi ons		0.00	NAICO-24 5- 2007.pdf
Approved	Additional Insured Endorsement	NAICO-2	5 5/2007	Endorseme New nt/Amendm ent/Conditi ons		0.00	NAICO-25 5- 2007.pdf
Approved	Loss Payee	NAICO-2	7 6/2007	Endorseme New nt/Amendm ent/Conditi ons		0.00	NAICO-27 6- 2007.pdf
Approved	Physical Damage Premium To Value Endorsement	e NA0021	6/2007	Endorseme Replaced nt/Amendm ent/Conditi ons	NA0021 (Ed. 2/2006)	0.00	NA0021 6- 2007.pdf
Approved	Truckers Declarations	CA DC 14	4 6/2007	Declaration Replaced s/Schedule	CA DC 14 (Ed. 3/2006)	0.00	CA DC 14 6- 2007.pdf
Approved	Motor Carrier Declarations	CA DC 21	1 6/2007	Declaration Replaced s/Schedule	CA DC 21 (Ed. 3/2006)	0.00	CA DC 21 6- 2007.pdf

NATIONAL AMERICAN INSURANCE COMPANY THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. POLICY CHANGES - PHYSICAL DAMAGE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

It is hereby understood and agreed the applicable physical damage deductibles apply to all covered causes of loss, including fire and lightning.

NAICO-24 (Ed. 5/2007) Page 1 of 1

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART TRUCKERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policitated below:	olicy unless another date is
NAMED INSURED:	ENDORSEMENT NO.:
POLICY NUMBER:	ISSUE DATE:
SCHEDULE	
Name of Person or Organization:	
To the extent that the person(s) or organization(s) shown in the schedule "insured" arising out of the ownership, maintenance or use of a covered a they are also "insureds" but only to the extent of that liability."	
All other terms and conditions of this policy remain unchanged.	

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM TRUCKERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

In consideration of the premium charged, we agree with you that the following Loss Payee is <u>ADDED</u> to and forms a part of this policy:

NAICO-27 (Ed. 6/2007) Page 1 of 1

NATIONAL AMERICAN INSURANCE COMPANY THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE PREMIUM TO VALUE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM TRUCKERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

adding or deleting "autos" at any the fifteenth (15th) day of the follo	is the total value of all your "autos". You may amend the total value by time, showing this change in value in your next report which is to be submitted on owing month. The total value of all of your scheduled "autos" should be t business day of each month. Short term rentals less than thirty (30) days should
	d premium for this coverage will be computed monthly by applying a monthly rate lue to the amount of values of all covered "autos" at the close of the last business
, , ,	, upon delivery of the policy, the deposit amount as specified below. You will be the full earned premium, during the life of the policy, is determined in accordance olicy.
	DEPOSIT \$
REPORTING PERIOD:	
\square Monthly	
☐ Quarterly	
☐ Annual	

TRUCKERS DECLARATIONS

NATIONAL AMERICAN INSURANCE COMPANY

Policy No.

A Capital Stock Company 1010 Manvel Avenue Chandler, Oklahoma 74834 1-800-822-7802

PREVIOUS POLICY NUMBER

ITEM ONE - Named Insured and Ma	iling Address		Produc	er's Nam	e and Mailing Ad	ldress
Policy Period From mailing address shown about	ve.	to	at	12:01 A. N	I. Standard Time ε	at your
Form of Business:						
☐ Individual] Partnership		orporation	☐ L	imited Liability Co	ompany
Other						
Premium shown is payable at	tinception: \$					
AUDIT PERIOD (IF APPLIC	CABLE) ANN	UALLY	SEMI-ANNU	ALLY	QUARTERLY	MONTHLY
ENDORSEMENTS ATTAC IL 0017 - Common Policy IL 0021 - Broad Form Nuc	Conditions (IL 0	1 46 in Was		ork)		
COUNTERSIGNED	(Date)	BY		(Author	ized Representativ	<i>y</i> e)

POLICY NUMBER:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

Coverage Form next to the COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)		PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

^{*}This policy may be subject to final audit.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

		D	ESCRIP	TION				PURC	HASED				TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VI				Used (U)		(N) Or	Town & State Where The Covered Auto Will Be Principally Garaged						
							\$		\$					
							\$		\$					
							\$		\$					
							\$		\$					
overed				CLASS	IFICA	TION				Fyon	ot For Tox	wing A	ll Physical Dama	rao I oss Is
		Business s = servic r = retail c = comm	e G V ercial S	e GVW, CW Or Vehicle leating apacity	Age Grou		nary ing bor Phy. Dam.	Secondar Rating Factor	y Cod	le Payal	ble To Yo	u And	The Loss Payee I pear At The Time	Named Belov
GO	N/EDA GE	G DDEM	LIMO I IN	HITCLAN	D DEI	MICHIDI	EC (A)		1-14	7 1 1 2 2	· · · · · · · · · · · · · · · · · · ·			
CO	VEKAGE	S-PREMI	the limit o	r deduc	tible er	ntry in the	e corres	sence or a ponding I	TEM TV	WO columi	n applies:	i any c instea	olumn below mea d.)	ans tnat
Covered		LIABIL			PERS	SONAL I	NJURY	PROTE		ADDE	D P.I.P.	1	PROP. PROT. (I	Mich. Only)
Auto No.	Limi		Premiu	n	P.I.P.	Stated I: End. Mir ole Show	nus De-	Prem	ium	Each Ad		Limit End. l	Stated In P.P.I. Minus Deductible hown Below	l
	\$	\$			\$			\$		\$		\$		\$
	\$	\$			\$			\$		\$		\$		\$
	\$	\$			\$			\$		\$		\$		\$
N-4-1	\$	\$			\$			\$		\$		\$		\$
Total remium	ı	\$						\$		\$				\$
auto No.		O MEDIC		mium		Limit Sta	ated In l	Each Med	lical Exp	pense And ch Person	\$ \$ \$	BENE	EFITS (Virginia Premium	Omy
Total Premium			\$					ļ.			\$			
overed		UN	IINSURE	D MOT	ORIS	T				UN	DERIN	SURE	D MOTORISTS	
uto No.		Limit*			I	Premium			·	Limit*			Prem	ium
	\$			\$				\$				1	\$	
	\$			\$				\$					\$	
	\$			\$				\$					₱ ₿	
	\$			\$				\$					₽ ₿	
Total Premium				\$									\$	
	СО	MPREHE	NSIVE	$ \mathbf{s} $	PECII	FIED CA	USES	OF LOSS	3	COLLIS	SION		TOWING	& LABOR
	Limit S	stated In I TWO	Premi	um M	imit S ITEM Iinus D Shown	tated In TWO eductible Below	Pre	mium	Limit ITE Minus Show	t Stated In IM TWO Deductib wn Below	le Prei	nium	Limit Per Disablement	Premium
	ITEM Minus I Shown	Deductible 1 Below					\$		\$		\$		\$	\$
	ITEM Minus I Shown	Below	\$	\$			Ψ							
	Minus I Shown	Deductible i Below	\$				\$		\$		\$		\$	\$
	ITEM Minus I Shown	Deductable a Below		\$			-		\$		\$ \$		\$	\$
Covered Auto No.	ITEM Minus I Shown \$	Deductable a Below	\$	\$ \$			\$							
	ITEM Minus I Shown	Deductible a Below	\$	\$ \$ \$			\$		\$		\$		\$	\$

^{*}Split limits are presented in thousands of dollars.

POLICY NUMBER:

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

	LIABILITY COVE	RAGE - RATING BASIS, COST (TRUCKING OPERAT		TOS USED IN YO	UR
ESTIMATED COST OF HIRE RATE PER EACH \$100 COST OF HIRE TOTAL ESTIMATED PREMIU					STIMATED PREMIUM
	\$			\$	
	LIABILITY COVERA	GE - RATING BASIS, COST OF TRUCKING OPERAT		S NOT USED IN	YOUR
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)		PREMIUM
		\$	\$		\$
TOTAL PREMIUM				TAL PREMIUM	\$
		TY COVERAGE - RATING BASI BILE OR FARM EQUIPMENT -			
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	F	ACTOR	PREMIUM
		\$			\$
	1	·	TOTAL	L PREMIUM	\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM		
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$		
SPECIFIED	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$		
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ EACH COVERED AUTO.	\$	\$	\$		
TOTAL PREMIUM						

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by a lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

PAGE

POLICY NUMBER:

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number of Partners		\$
	TOTAL PREMIUMS	\$

ITEM SIX

TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE		\$	\$
SPECIFIED CAUSES OF LOSS	STATED IN ITEM TWO	\$	\$
COLLISION		\$	*
	\$		

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

COVERAGE						
GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS						
	Receipts Miles Units	Rate	Premium			
1) Total "gross receipts" or "total miles" or "total units" from owned equipment						
2) Total "gross receipts" or "total miles" or "total units" from equipment leased "from others"						
3) 15% of "gross receipts" or "total miles" or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below						
4) Total "gross receipts", "total miles", or "total units"						
		TOTAL PREMIUM	\$			
	MINIMUM %	MINIMUM PREMIUM	\$			

Reporting Period: $__$	$_$ Monthly $___$	_ Quarterl	.y A	nnual
Premium Payment Ba	sis: Mont	hly(Quarterly	Annual

- 5. *NOTE VERY IMPORTANT 15% applies only if you have the following documents:
- 1. A written contract requiring the lessee to provide the primary insurance; and
- 2. A written hold harmless agreement from the lessee to your benefit; and
- 3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from a U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
- 4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

CA DC 14 (Ed. 6/2007)

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from he rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. the lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and

- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

NATIONAL AMERICAN INSURANCE COMPANY 1010 Manvel Avenue, Chandler, Oklahoma 74834

	MOTO!	R CARRIE	R DECLARATI	ONS	
POLICY NO.: PREVIOUS POLICY NO).:	PR	ODUCER:		
ITEM ONE					
NAMED INSURED ANI) MAILING	ADDRESS:			
POLICY PERIOD: From	n	to			
at 12:0	1 A.M. Stand	ard Time at your	mailing address show	n above.	
FORM OF BUSINESS:					
CORPORATION [□ тъмитег	LIABILITY CO	MDANV TIME		
CORPORATION		LIABILITY	JMPANI INDIV	TDUAL	
☐ PARTNERSHIP			□ ОТНЕ	R	
IN RETURN FOR THE PAPOLICY, WE AGREE WIT					
FOLICI, WE AGREE WII	.11 100 101	FROVIDE THE I	NSUKANCE AS STAT	ED IN THIS FOLI	.01.
Premium shown is payable	at inception	: \$			
AUDIT PERIOD (IF APP	LICABLE	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
TIODIT I BISIOD (II III I		TETTOTEET		qciiii BiiBi	MOMINI
ENDORSEMENTS ATT.	ACHED TO	THIS POLICY:			
IL 00 17 - Common Po	•		0		
IL 00 21 - Broad Form	Nuclear Ex	clusion (Not Ap	oplicable in New Yor	k)	
COLIMBDAIGNEE		DII			
COUNTERSIGNED		BY			
	(Date)		(Authorize	ed Representative)	

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

Policy Number:

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.

	COVERED AUTOS	LIMIT	
COVERAGES	(Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When Not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OR REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	
	•	PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

^{*} This policy may be subject to final audit.

POLICY NUMBER:

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

			DESC	RIPT	ION				PURCHASED					TERRITOR	Y	
Covered Auto No. ;	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)		A)	Original Actual Cost Cost New New (N) Or Used (U)		·	I OWN & State Where The Covered									
								\$			\$					
								\$			\$					
								\$			\$					
								\$			\$					
Covered		1		(CLASS	IFICA	TION		la	,		Evcen	t For Tox	vina /	All Physical Dama	na I va Ia
Auto No.	Radius of Operation	Busines s = serv r = reta c = com	rice .il	GC Ve Se	e GVW CW Or ehicle eating pacity	Age Grou	Prin P Rat Fac Liab.	nary ing tor Phy. Dam.	Rating Factor		g Payable To You An		u And	l The Loss Payee I	Named Belov	
CO	VERAGE	S -PREI	MIUMS	, LIM	ITS AN	ID DEI	DUCTIB	LES (A	bsence	of a	deducti	ble or limi	t entry in	any	column below mea	ans that
		LIAB		mit or	deduc	pres	itry in th SONAL I	e corre	spondii	ng I7 VTF/	EM TV	VO column			ıd.) ROP. PROT. INS	(Mi Onles)
Covered Auto No.							Stated I		ı						t Stated In P.P.I.	
Auto No.	Limi	t*	Pre	mium	n 		End. Mi		~	emiu	ım 	Each Add End. Pr			Minus Deductible Shown Below	Premium
	\$	4				\$			\$			\$		\$		\$
	\$	9				\$			\$			\$		\$		\$
	\$	9				\$			\$			\$		\$		\$
Total	\$	9				\$			\$			\$		\$		\$
Premium									\$			\$				\$
Covered	AUT	O MED	ICAL I	PAYM	IENTS		MI	EDICA	L EXP	ENS	EAND	INCOMI	LOSS	BENI	EFITS (Virginia	Only)
Auto No.	I	imit		Pren	nium							Expense And Premium r Each Person				
	\$		\$			\$			\$							
	\$		\$			\$							\$			
	\$		\$			\$							\$			
	\$		\$			\$							\$			
Total Premium			\$										\$			
Premium		_							-							
Covered		τ	JNINS	UREI	том и	ORIS	Г					UN	DERINS	URE	D MOTORISTS	
Auto No.		Limit*]	Premium	ı 	Limit*				Premium			
	\$				\$								\$			
	\$				\$					\$					\$	
	\$				\$					\$					\$	
	\$				\$					\$					\$	
Total Premium					\$										\$	
Corrora	СО	MPREI	IENSI	VE	-s	PECII	FIED CA	USES	OF LO	ss		COLLIS	ION		TOWING	& LABOR
Covered Auto No.	Limit S ITEM Minus I Shown	stated In I TWO Deductible I Below	le P	remiu		TTEM	tated In TWO eductible Below	e Pı	remium		Limit ITE Minus Shov	Stated In M TWO Deductible vn Below	Pren	nium	Limit Per Disablement	Premium
	\$		\$		\$			\$			\$		\$		\$	\$
	\$		\$		\$			\$			\$		\$		\$	\$
	\$		\$		\$			\$			\$		\$		\$	\$
	\$		\$		\$			\$			\$		\$		\$	\$
Total			\$		4			\$					\$			\$
								ΙΨ					T *			•

^{*}Split limits are presented in thousands of dollars.

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS									
ESTIMATED COST	ESTIMATED COST OF HIRE RATE PER EACH \$100 COST OF HIRE TOTAL ESTIMATED PREMIUM								
\$		\$			\$				
LIABILITY COVER	LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS								
STATE	ESTIMATED COST OF HIRE FOR EACH STATE		RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liab. Cov. is Primary)		PREMIUM			
	\$		\$			\$			
				TOTAL P	REMIUM	\$			
			GE - RATING BASI RM EQUIPMENT - I	•					
STATE	ESTIMATED OF DAYS EQ WILL BE F	UIPMENT	BASE PREMIUM	FAC	TOR	PREMIUM			
	\$					\$			
TOTAL PREMIUM \$									

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
		TOTAI	L PREMIUM	\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

POLICY NUMBER:

RATING BASIS	NUMBER	PREMIUM
Number of Employees		\$
Number of Partners		\$
	TOTAL PREMIUM	\$

ITEM SIX

TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE		ESTIMATED PREMIUM
COMPREHENSIVE	STATED	\$	\$	
SPECIFIED CAUSES OF LOSS	IN ITEM TWO	\$	\$	
COLLISION		\$	\$	
		TOTAL P	REMIUM	\$

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS						
	Receipts Miles Units	Rate	Premium			
1) Total "gross receipts", "total miles", or "total units" from owned equipment						
2) Total "gross receipts", "total miles", or "total units" from equipment leased "from others"						
3) 15% of "gross receipts", "total miles", or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below						
4) Total "gross receipts", "total miles", or "total units"						
	ТОТА	L PREMIUM	\$			
MINIMUM %	MINIMUN	M PREMIUM	\$			
Reporting Period: Monthly _	-					
Premium Payment Basis: M	onthlyQuarterly Annua	al				

- 5. *NOTE VERY IMPORTANT 15% applies only if you have the following documents:
 - 1. A written contract requiring the lessee to provide the primary insurance; and
 - 2. A written hold harmless agreement from the lessee to your benefit; and
 - 3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from an U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
 - 4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-

Approved 08-01-2007

Property & Casualty

Filing Memorandum & Forms List

Comments:

Attachment:

P&C Transmittal-Auto FF.pdf

Review Status:

Approved 08-01-2007

Comments:

Satisfied -Name:

Attachment:

Filing Memorandum & Forms List.pdf

Review Status:

Satisfied -Name: Highlighted Forms Approved 08-01-2007

Comments: Attachments:

NA0021 6-2007 (HIGHLIGHTED).pdf CA DC 14 6-2007 (HIGHLIGHTED).pdf CA DC 21 6-2007 (HIGHLIGHTED).pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. In:	surance l	Department	Use only			
	Dept. Use Only	a. Da	te the filin	g is received	l :			
		b. Ana	lyst:					
		c. Dis	position:					
		d. Da	te of dispo	sition of the	filing:	ling:		
		e. Effe	ective dat					
				usiness				
		f. Sta	Renev te Filing #	al Business				
			RFF Filin	<u> </u>				
		」 h. Sul	oject Cod	es				
3.	Group Name					Group NAIC #		
	•					•		
4.	Company Name(s)		Domicile	NAIC #	FEIN#	State #		
•								
5.	l Company Tracking Number							
5.	Company Tracking Number	Officar(s)	linclude	tall-free numb	oorl			
	tact Info of Filer(s) or Corporate Name and address	Officer(s)		toll-free numb	per]	e-mail		
Con	tact Info of Filer(s) or Corporate			toll-free numb		e-mail		
Con	tact Info of Filer(s) or Corporate					e-mail		
Con	tact Info of Filer(s) or Corporate					e-mail		
6.	ntact Info of Filer(s) or Corporate Name and address					e-mail		
6. 7.	Name and address Signature of authorized filer	Title				e-mail		
7. 8.	Name and address Signature of authorized filer Please print name of authorized	Title ed filer	Tel	ephone #s	FAX#	e-mail		
7. 8.	Name and address Signature of authorized filer Please print name of authorized filer g information (see General I	Title ed filer	Tel	ephone #s	FAX#	e-mail		
7. 8.	Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title ed filer nstruction	Tel	ephone #s	FAX#	e-mail		
7. 8. Filli	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction o-TOI) (s)(if	s for desc	ephone #s	FAX#	e-mail		
7. 8. Filii 9. 10.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Required	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s	FAX#	e-mail		
7. 8. Filii 9.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	riptions of th	FAX#			
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	FAX # nese fields) [] Rules [] Fabination Rates/R	Rates/Rules		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	rese fields)	Rates/Rules		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements) keting title)	s for desc	ephone #s riptions of the	FAX # nese fields) [] Rules [] Fabination Rates/R	Rates/Rules tules/Forms tription)		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	ed filer nstruction o-TOI) (s)(if uirements) keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized filer In the second of t	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the e/Loss Cost ms [] Con ndrawal[] (FAX # nese fields) [] Rules [] Fabination Rates/Rother (give desconder) Renewa	Rates/Rules tules/Forms tription)		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #:
ıA	mount:
	r to each state's checklist for additional state specific requirements or instructions on
calc	ulating fees.
***R	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies
	uired, other state specific forms, etc.)
PC ⁻	TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[]New []Replacement []Withdrawn		

PC FFS-1

NATIONAL AMERICAN INSURANCE COMPANY COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE

FILING MEMORANDUM - FORMS

The Company is submitting new and revised endorsements applicable to commercial auto policies. The enclosed forms list provides further details regarding the details of the endorsements. These changes clarify coverage and have no bearing on the premium charged to the policyholders. No other changes are being proposed with this filing.

NATIONAL AMERICAN INSURANCE COMPANY COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE FORMS LIST

FORM NO.	TITLE	DESCRIPTION	R - RESTRICTS B - BROADENS C - CLARIFIES
NAICO-24 (Ed. 5/2007)	Policy Changes - Physical Damage Deductible	Optional endorsement amends the policy so that the physical damage deductible applies to fire and lightning.	С
NAICO-25 (Ed. 5/2007)	Additional Insured Endorsement	Optional endorsement used to add additional insureds to the extent that they are liable for the conduct of an "insured" arising out of the ownership, maintenance or use of a covered auto under the policy.	С
NAICO-27 (Ed. 6/2007)	Loss Payee	Optional endorsement for adding loss payees.	С
NA0021 (Ed. 6/2007)	Physical Damage Premium To Value Endorsement	Revision to NA0021 (Ed. 2/2006). The endorsement has been revised to add a place to show the selected reporting period. No other changes are being made to the form. Attached is a copy of the form with changes highlighted in yellow.	С
CA DC 14 (Ed. 6/2007)	Truckers Declarations	Revision to CADC14 (Ed. 3/2006). The declarations has been revised for clarification purposes. Attached is a copy of the form with changes highlighted in yellow.	С
CA DC 21 (Ed. 6/2007)	Motor Carrier Declarations	Revision to CADC21 (Ed. 3/2006). The declarations has been revised for clarification purposes. Attached is a copy of the form with changes highlighted in yellow.	С

NATIONAL AMERICAN INSURANCE COMPANY THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE PREMIUM TO VALUE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM TRUCKERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

adding or deleting "autos" at ar the fifteenth (15th) day of the fo	is the total value of all your "autos". You may amend the total value by time, showing this change in value in your next report which is to be submitted on ollowing month. The total value of all of your scheduled "autos" should be ast business day of each month. Short term rentals less than thirty (30) days should
	ned premium for this coverage will be computed monthly by applying a monthly rate value to the amount of values of all covered "autos" at the close of the last business
	us, upon delivery of the policy, the deposit amount as specified below. You will be an the full earned premium, during the life of the policy, is determined in accordance policy.
	DEPOSIT \$
REPORTING PERIOD:	
☐ <mark>Monthly</mark>	
Quarterly	
Annual	

TRUCKERS DECLARATIONS

NATIONAL AMERICAN INSURANCE COMPANY

Policy No.

A Capital Stock Company 1010 Manvel Avenue Chandler, Oklahoma 74834 1-800-822-7802

PREVIOUS POLICY NUMBER

ITEM ONE - Named Insured and Ma	iling Address		Produc	er's Nam	e and Mailing Ad	ldress
Policy Period From mailing address shown about	ve.	to	at	12:01 A. N	I. Standard Time ε	at your
Form of Business:						
☐ Individual] Partnership		orporation	☐ L	imited Liability Co	ompany
Other						
Premium shown is payable at	tinception: \$					
AUDIT PERIOD (IF APPLIC	CABLE) ANN	UALLY	SEMI-ANNU	ALLY	QUARTERLY	MONTHLY
ENDORSEMENTS ATTAC IL 0017 - Common Policy IL 0021 - Broad Form Nuc	Conditions (IL 0	1 46 in Was		ork)		
COUNTERSIGNED	(Date)	BY		(Author	ized Representativ	<i>y</i> e)

POLICY NUMBER:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

Coverage Form next to the COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)		PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

^{*}This policy may be subject to final audit.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

		D	ESCRIP	TION				PURC	HASED				TERRITORY	
Covered Auto No.		ear, Mode mber(S) Vo					(I) Cos	iginal st New	New Use	al Cost (N) Or ed (U)	Or Auto Will Be Principally Garage			
							\$		\$					
							\$		\$					
							\$		\$					
							\$		\$					
overed				CLASS	IFICA	TION				Fyon	ot For Tox	wing A	ll Physical Dama	rao I oss Is
		Business s = servic r = retail c = comm	e G V ercial S	e GVW, CW Or Vehicle leating apacity	Age Grou		nary ing bor Phy. Dam.	Secondar Rating Factor	y Cod	le Payal	ble To Yo	u And	The Loss Payee I pear At The Time	Named Belov
GO	N/EDA GE	G DDEM	LIMO I IN	HITCLAN	D DEI	MICHIDI	EC (A)		1-14	7 1 1 2 2	· · · · · · · · · · · · · · · · · · ·			
CO	VEKAGE	S-PREMI	the limit o	r deduc	tible er	ntry in the	e corres	sence or a ponding I	TEM TV	WO columi	n applies:	i any c instea	olumn below mea d.)	ans tnat
Covered		LIABIL			PERS	SONAL I	NJURY	PROTE		ADDE	D P.I.P.	1	PROP. PROT. (I	Mich. Only)
Auto No.	Limi		Premiu	n	P.I.P.	Stated I: End. Mir ole Show	nus De-	Prem	ium	Each Ad		Limit End. l	Stated In P.P.I. Minus Deductible hown Below	l
	\$	\$			\$			\$		\$		\$		\$
	\$	\$			\$			\$		\$		\$		\$
	\$	\$			\$			\$		\$		\$		\$
N-4-1	\$	\$			\$			\$		\$		\$		\$
Total remium	ı	\$						\$		\$				\$
auto No.		O MEDIC		mium		Limit Sta	ated In l	Each Med	lical Exp	pense And ch Person	\$ \$ \$	BENE	EFITS (Virginia Premium	Omy
Total Premium			\$					ļ.			\$			
overed		UN	IINSURE	D MOT	ORIS	T				UN	DERIN	SURE	D MOTORISTS	
uto No.		Limit*			I	Premium			·	Limit*			Prem	ium
	\$			\$				\$				1	\$	
	\$			\$				\$					\$	
	\$			\$				\$					₱ ₿	
	\$			\$				\$					₽ ₿	
Total Premium				\$									\$	
	СО	MPREHE	NSIVE	$ \mathbf{s} $	PECII	FIED CA	USES	OF LOSS	3	COLLIS	SION		TOWING	& LABOR
				imit S ITEM Iinus D Shown	tated In TWO eductible Below	Pre	mium	Limit ITE Minus Show	t Stated In IM TWO Deductib wn Below	le Prei	nium	Limit Per Disablement	Premium	
	ITEM Minus I Shown	Deductible 1 Below					\$		\$		\$		\$	\$
	ITEM Minus I Shown	Below	\$	\$			Ψ							
	Minus I Shown	Deductible i Below	\$				\$		\$		\$		\$	\$
	ITEM Minus I Shown	Deductable a Below		\$			-		\$		\$ \$		\$	\$
Covered Auto No.	ITEM Minus I Shown \$	Deductable a Below	\$	\$ \$			\$							
	ITEM Minus I Shown	Deductible a Below	\$	\$ \$ \$			\$		\$		\$		\$	\$

^{*}Split limits are presented in thousands of dollars.

POLICY NUMBER:

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

	LIABILITY COVE	RAGE - RATING BASIS, COST (TRUCKING OPERAT		TOS USED IN YO	UR			
ESTIMATED COST OF HIRE RATE PER EACH \$100 COST OF HIRE TOTAL ESTIMATED PREMIUM								
	\$			\$				
	LIABILITY COVERA	GE - RATING BASIS, COST OF TRUCKING OPERAT		S NOT USED IN	YOUR			
STATE	ESTIMATED COST OF HIRE RATE PER EACH \$100 FACTOR (If Liability Coverage is Primary)			PREMIUM				
		\$	\$		\$			
			TO	TAL PREMIUM	\$			
		TY COVERAGE - RATING BASI BILE OR FARM EQUIPMENT -						
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	F	ACTOR	PREMIUM			
		\$			\$			
	1	•	TOTAL	L PREMIUM	\$			

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM	
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$	
SPECIFIED	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	*	
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ EACH COVERED AUTO.	\$	\$	\$	
TOTAL PREMIUM					

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by a lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

POLICY NUMBER:

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number of Partners		\$
	TOTAL PREMIUMS	\$

ITEM SIX

TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE		\$	\$
SPECIFIED CAUSES OF LOSS	STATED IN ITEM TWO	\$	\$
COLLISION		\$	\$
	\$		

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

						
GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS						
	Receipts Miles Units	Rate	Premium			
1) Total "gross receipts" or "total miles" or "total units" from owned equipment						
2) Total "gross receipts" or "total miles" or "total units" from equipment leased "from others"						
3) 15% of "gross receipts" or "total miles" or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below						
4) Total "gross receipts", "total miles", or "total units"						
	TOTAL PREMIUM	\$				
	MINIMUM %	MINIMUM PREMIUM	\$			

Reporting Period:	$_{_}$ Monthly $_{___}$	Quarterly	Annua	<mark>i)</mark>
Premium Payment Ba	sis: Mont	t <mark>hly</mark> Qı	<mark>ıarterly</mark>	Annual

- 5. *NOTE VERY IMPORTANT 15% applies only if you have the following documents:
- 1. A written contract requiring the lessee to provide the primary insurance; and
- 2. A written hold harmless agreement from the lessee to your benefit; and
- 3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from a U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
- 4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from he rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. the lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and

- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

NATIONAL AMERICAN INSURANCE COMPANY 1010 Manvel Avenue, Chandler, Oklahoma 74834

	мото	R CARRIE	R DECLARATI	ONS	
POLICY NO.: PREVIOUS POLICY NO	O.:	PR	ODUCER:		
ITEM ONE					
NAMED INSURED AN	D MAILING	ADDRESS:			
POLICY PERIOD: Fro	m	to			
at 12:0	1 A.M. Stand	ard Time at your	mailing address show	n above.	
FORM OF BUSINESS:					
☐ CORPORATION	□ I IMITET	LIABILITY CO	MDANV THE		
		LIABILITICO		TDUAL	
☐ PARTNERSHIP			□ ОТНЕ	R	
IN RETURN FOR THE P POLICY, WE AGREE WI					
·					
Premium shown is payabl	e at inception	: \$			
AUDIT PERIOD (IF API	PLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
ENDORSEMENTS ATT					
IL 00 17 - Common Po IL 00 21 - Broad Form	•		0	k)	
ID 00 21 DIOUUI OIL	TVHOIOUI EM		priousie in item 101	/	
COUNTERSIGNED		BY			
	(Date)		(Authorize	ed Representative)	

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

Policy Number:

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.

	COVERED AUTOS	LIMIT	
COVERAGES	(Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When Not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OR REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	
		PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

^{*} This policy may be subject to final audit.

POLICY NUMBER:

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

			DESC	RIPTIO	ON				PURCHASED				TERRITORY		
Covered Auto No. 9	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)			N)	Origina Cost Ne	rı	Actual Cost New (N) Or Used (U)	ew (N) Or Auto Will Be Principally (
								\$		\$					
								\$		\$					
								\$		\$					
								\$		\$					
Covered	D- 1'	D	TT	CL Size C	ASSI	FICAT			Seconda		Except	For Tow	ring A	All Physical Dama	ge Loss Is
Auto No.	Radius of Operation	r = reta c = com	ice il	GCW Veh	VOr icle ting	Age Group	Prim Rat Fac Liab.	ing tor Phy. Dam.	Rating Factor	:	Payabl	le To You	ı And	The Loss Payee I	Named Below
CO	VERAGE	S -PREM	IIUMS,	LIMIT	SANI	DEL	UCTIB	LES (Al	sence of	a deduct	ible or limit	entry in	any	column below mea	ans that
	1	LIABI		nit or d	educti 1	ble en prr≎	try in th	e corres	sponding YPROT	TTEM TY	WO column ADDED			.d.) ROP. PROT. INS	(Mi Onles)
Covered Auto No.	_						Stated I							t Stated In P.P.I.	
Auto No.	Limi	t*	Pre	mium			End. Mi le Show			ium	Each Adde End. Pre			Minus Deductible Shown Below	Premium
	\$	\$	ı			B	10 1011011		\$		\$		\$	NOWIL DOLOW	\$
	\$	\$				\$			\$		\$		\$		\$
	\$	\$			1				\$		\$		\$		\$
	\$	\$			1	<u> </u>			\$		\$		\$		\$
Total Premium		\$							\$		\$				\$
Covered	AUT	O MED	ICAL F	PAYME	NTS		ME	EDICAI	EXPEN	ISE ANI	INCOME	LOSS	BENI	EFITS (Virginia	Only)
Auto No.	I	imit		Premi	um						ense And ch Person			Premium	
	\$		\$			\$						\$			
	\$		\$			\$						\$			
I	\$		\$			\$						\$			
	\$		\$			\$						\$			
Total			\$									\$			
Premium		_					_								
Covered		τ	JNINSU	URED 1	мото	ORIST	[UNI	DERINS	URE	D MOTORISTS	
Auto No.		Limit*				P	remium	ı 			Limit*			Prem	ium
	\$			\$	ı				\$					\$	
				\$					\$					\$	
	\$								l de					\$	
	\$			\$					\$						
	-			\$					\$					\$	
Total Premium	\$													\$	
Premium	\$	MPREH	IENSIV	\$	SP	PECIF	TIED CA	AUSES		s	COLLISI	ON		\$	& LABOR
Premium Covered	\$ \$ CO	MPREF Stated In WO Deductibl Below		\$	Li	mit St	ated In	Pre	\$	Limit	Stated In			\$	
Premium Covered	\$ \$ CO	tated In		\$ \$ 'E	Li	mit St	ated In	Pre	of Los	Limit				TOWING Limit Per	
Total Premium Covered Auto No.	\$ CO Limit S ITEM Minus I Shown	tated In	e Pı	\$ \$ 'E	Li Mi S	mit St	ated In	e Pre	of Los	Limit ITE Minus Show	Stated In	Prem		TOWING Limit Per Disablement	Premium
Premium Covered	\$ CO Limit S ITEM Minus I Shown \$	tated In	e Pi	\$ \$ 'E	Li Mi S	mit St	ated In	Pre	of Los	Limit MITE Minus Show	Stated In	Prem		TOWING Limit Per Disablement \$	Premium
Premium Covered	\$ CO Limit S ITEM Minus I Showr \$	tated In	e Pi	\$ \$ 'E	Li Mi \$	mit St	ated In	e Pre	of Los	Limit ITE Minus Show \$	Stated In	Prem		TOWING Limit Per Disablement \$	Premium \$

^{*}Split limits are presented in thousands of dollars.

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COV	ERAGE - R		BASIS, COST OF H ARRIER OPERATI		OS USED	IN YOUR MOTOR		
ESTIMATED COST OF HIRE RATE PER EACH \$100 COST OF HIRE TOTAL ESTIMATED PREMIUM								
\$					\$			
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS								
STATE	ESTIMATED COST OF HIRE FOR EACH STATE		RATE PER EACH \$100 COST OF HIRE		R (If Liab. Primary)	PREMIUM		
	\$		\$			\$		
	'			TOTAL P	REMIUM	\$		
	LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)							
STATE	ESTIMATED OF DAYS EQ WILL BE R	UIPMENT	BASE PREMIUM	FAC	TOR	PREMIUM		
	\$					\$		
	\$							

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM			
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$			
LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$			
TOTAL PREMIUM							

Cost of Hire means:

- The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a **(b)** driver by lessor or an "employee" of the lessee, or any other third party, and,
- The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

Page

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

POLICY NUMBER:

RATING BASIS	NUMBER	PREMIUM
Number of Employees		\$
Number of Partners		\$
	TOTAL PREMIUM	\$

ITEM SIX

TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED	\$	\$
SPECIFIED CAUSES OF LOSS	IN ITEM TWO	\$	\$
COLLISION		\$	\$
		TOTAL PREMIU	J M \$

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS							
	Receipts Miles Units	Rate	Premium				
1) Total "gross receipts", "total miles" <mark>, or</mark> " <mark>total units"</mark> from owned equipment							
2) Total "gross receipts", "total miles", or "total units" from equipment leased "from others"							
3) 15% of "gross receipts", "total miles", or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below							
4) Total "gross receipts", "total miles", <mark>or</mark> " <mark>total units</mark> "							
	ТОТА	L PREMIUM	\$				
MINIMUM %	MINIMU	M PREMIUM	\$				
Reporting Period:Monthly_	QuarterlyAnnual						

- $5.\ *NOTE$ VERY IMPORTANT 15% applies only if you have the following documents:
 - 1. A written contract requiring the lessee to provide the primary insurance; and
 - 2. A written hold harmless agreement from the lessee to your benefit; and

Premium Payment Basis: Monthly Quarterly Annual

- 3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from an U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
- 4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.